

## Durable Power of Attorney for Health Care

TO THE EDITOR: The article by Dr Goldstein and colleagues, reporting on the level of awareness among health care professionals of the Durable Power of Attorney for Health Care (DPAHC),<sup>1</sup> provides interesting information on a subject about which little is known. The limitations of this study need to be emphasized, however.

Although a cursory mention is made of the fact that advance directives have received an enormous amount of publicity during the years since the study was conducted, the authors nevertheless claim, in the present tense, that "health care professionals are ill prepared to inform patients about advance directives." This may have been true in 1988, when California's DPAHC statute was still relatively new, and while it is possible that it remains true today, the study at hand obviously cannot support such a conclusion. I question whether it supported this conclusion even in 1988, to the extent that the conclusion was drawn on the basis of responses from just 216 professionals affiliated with a single teaching institution—hardly a representative sample of all professionals in the state.

In view of the continuing educational efforts of professional organizations—including the California Medical Association, which initiated an educational program more than six years ago with the mailing of a booklet titled *What Physicians Should Know About Durable Power of Attorney for Health Care* to each of its 34,000-plus members—I am optimistic that professionals today are much better educated about advance directives than the authors of this study seem to believe. Implementation of the Patient Self-Determination Act, which requires health care facilities to educate their staffs about these issues, will further accelerate the process.

Finally, I would like to point out that the answer to one of the questions used to measure knowledge of the DPAHC, shown in Figure 1, is incorrect. The family physician, to the extent he or she is the patient's "treating health care provider," may *not* serve as the agent under a DPAHC.

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### REFERENCE

1. Goldstein MK, Vallone RP, Pascoe DC, Winograd CH: Durable Power of Attorney for Health Care—Are we ready for it? *West J Med* 1991 Sep; 155:263-268

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### Dr Goldstein Responds

TO THE EDITOR: Mr Purdy raises an important issue about the time-sensitive nature of information about health care professionals' awareness of the Durable Power of Attorney for Health Care (DPAHC). I agree that it is likely that California professionals have been made more aware of the DPAHC by a combination of factors, including the publicity that surrounded the Nancy Cruzan case,<sup>1</sup> the upcoming implementation of the Patient Self-Determination Act,<sup>2</sup> and the continued educational efforts of organizations like the California Medical Association. The typical long delay between initiation of a project and final publication is a well-known problem of clinical research. Our article made clear the time

frame in which the study had been conducted. Medical readers must continually extrapolate from the data available to their present condition of knowledge and determine how best to apply the findings.

Mr Purdy states that the California Medical Association initiated an educational program more than six years ago. This would mean that our data collection took place three years after this educational effort was begun, making the finding of low levels of awareness of DPAHC even more important.

The major study findings remain significant. One important finding was that positive attitudes toward DPAHC were not accompanied by behaviors that would encourage its use. Another finding was that professionals who had experience with the use of the DPAHC had encountered some problems in its use; it is likely that this would increase rather than decrease as the DPAHC is used more commonly unless these problems are addressed by educational efforts. We also reported that the hospitals at which the study was conducted had in place policies regarding the use of DPAHC, yet many professionals were unaware of it. Thus, the presence of a written policy does not guarantee awareness of the DPAHC. Finally, even the professionals who were aware of DPAHC had a poor specific knowledge of it; thus, educational efforts or publicity that increase awareness of DPAHC may not ensure a full understanding.

I thank Mr Purdy for pointing out the incorrect answer given to question 10 in Figure 1, a mistake made when the questionnaire was retyped for the figure. The data were analyzed with the correct answer. It is important to note that the specific items of information about the DPAHC are also time-sensitive since the legislation has been updated several times. The questions in Figure 1 were provided to show the level of detail of questions used for the study. They were appropriate at the time of the study but should not be regarded as the current status of the law. Current information may be obtained from the California Medical Association, from the California Civil Code (Section 2500), or from an attorney familiar with this area.

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### REFERENCES

1. *Cruzan v. Director*, Missouri Department of Health, 110 S Ct 2841 (1990)
2. HR 5835, 109, §4206, 1990

## Correction

The following references should have been included with the October 1991 Radiologic Case by Padmanabhan, Gadde, and Vora: "Acute Mediastinal Widening Following Endotracheal Intubation and Gastric Lavage."

### GENERAL REFERENCES

- Backer CL, LoCicero J, Hartz RS, Donaldson JS, Shields T: Computed tomography in patients with esophageal perforation. *Chest* 1990; 98:1078-1080
- Berry BE, Ochsner JL: Perforation of the esophagus: A 30-year review. *J Thorac Cardiovasc Surg* 1973; 65:1-7
- Dubost C, Kaswin D, Duranteau A, Jehanno C, Kaswin R: Esophageal perforation during attempted endotracheal intubation. *J Thorac Cardiovasc Surg* 1979; 78:44-51
- Michel L, Grillo HC, Malt RA: Esophageal perforation. *Ann Thorac Surg* 1982; 33:203-210